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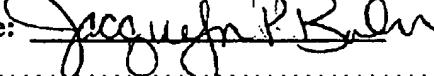
TO: U.S. Patent Office
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FROM: Daniel F. Nesbitt
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I, Jacquelyn P. Bolin hereby certify that the below identified correspondence is being facsimile transmitted to the United States Patent and Trademark Office on February 17, 2006

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Pages being transmitted:

1. Transmittal form (1 page)
2. Fee Transmittal w/ Credit Card form (4 pages)
3. Amendment & Reply (16 pages)

Total No. of Pages including this cover letter: 22

Application No.: 10/660,317
Filed: 09/11/2003
Inventor: J. G. VANDEN EYNDEN
Attorney Docket No.: LSI-006

Comments: Amendment after First Office Action

FEB 17 2006

PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB:0550-0031

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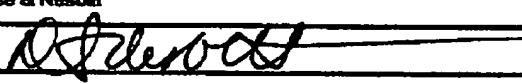
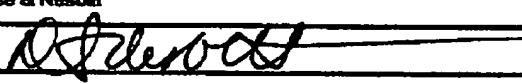
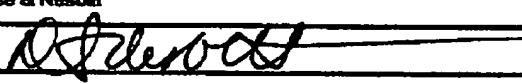
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TRANSMITTAL
FORM

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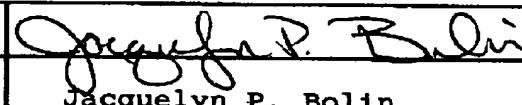
Total Number of Pages in This Submission

Application Number	10660,317
Filing Date	9-11-2003
First Named Inventor	James G. Vanden Eynden
Art Unit	2875
Examiner Name	Ward, John A.
Attorney Docket Number	LSI-008

ENCLOSURES (Check all that apply)																			
<input checked="" type="checkbox"/> Fee Transmittal Form (44 pg.) <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply (16 pg.) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):																	
Remarks																			
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT <table border="1"> <tr> <td>Firm Name</td> <td colspan="3">Hasse & Nesbit</td> </tr> <tr> <td>Signature</td> <td colspan="3"></td> </tr> <tr> <td>Printed name</td> <td colspan="3">Daniel F. Nesbit</td> </tr> <tr> <td>Date</td> <td>February 17, 2006</td> <td>Reg. No.</td> <td>33747</td> </tr> </table>				Firm Name	Hasse & Nesbit			Signature				Printed name	Daniel F. Nesbit			Date	February 17, 2006	Reg. No.	33747
Firm Name	Hasse & Nesbit																		
Signature																			
Printed name	Daniel F. Nesbit																		
Date	February 17, 2006	Reg. No.	33747																

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or printed name	Jacquelyn P. Bolin	Date	2/17/2006

This collection of information is required by 37 CFR 1.6. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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FEB 17 2006

PTO/SB/17 (01-06)

Approved for use through 07/31/2006. OMB 0651-0032
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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL
For FY 2006** Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 200.00)

Complete if Known

Application Number	10/660317
Filing Date	9-11-2003
First Named Inventor	James G. Vanden Eynden
Examiner Name	Ward, John A.
Art Unit	2875
Attorney Docket No.	LSI-006

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: _____ Deposit Account Name: _____

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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<input type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input type="checkbox"/> Credit any overpayments

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FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fee Paid (\$)
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEESFee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	
				Fee (\$)	Fee (\$)
- 20 or HP =	x	=		50	25

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	
				Fee (\$)	Fee Paid (\$)
- 3 or HP =	x	=			

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x		

4. OTHER FEE(S)

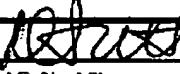
Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): one additional independent claim added by amendment in 1st action

Fee Paid (\$)

200.00

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	Telephone 513-229-0383 x104
Name (Print/Type)	Daniel F. Nesbitt		Date 2-17-2006

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